



## VIRTUAL GATEWAY

Common Intake Process **MassHealth**



### Change of Information Form

APPLICATION NUMBER:

DATE:

#### Facility Information

User ID: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Sender's Phone No: \_\_\_\_\_

Sender's Name: \_\_\_\_\_

#### Head of Household (HOH) Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_

In order to make corrections to data on the Common Intake Tool, this form must be completed and faxed to either the CPU or the appropriate MEC, depending on the type of MassHealth application it is and when you are sending this form. CPU's fax number is 617-241-6020. MEC fax numbers are: Revere MEC: 781-485-3405 / Taunton MEC: 508-828-4737 / Springfield MEC: 413-785-4179 / Tewksbury MEC: 978-863-9217

#### **Please change the following information:**

HEAD OF HOUSEHOLD (HOH): *Place checkmark ✓ beside each item and complete.*

1. ☐ HOH Name \_\_\_\_\_  
☐ HOH Address \_\_\_\_\_  
☐ HOH Birth date \_\_\_\_\_  
☐ HOH SS No. \_\_\_\_\_  
☐ Other HOH Information \_\_\_\_\_

OTHER FAMILY MEMBERS: *Place checkmark ✓ beside each item and complete.*

2. ☐ Family Member's Name \_\_\_\_\_  
☐ Address \_\_\_\_\_  
☐ Birth date \_\_\_\_\_  
☐ SS No. \_\_\_\_\_  
☐ Other Information \_\_\_\_\_
3. ☐ Family Member's Name \_\_\_\_\_  
☐ Address \_\_\_\_\_  
☐ Birth date \_\_\_\_\_  
☐ SS No. \_\_\_\_\_  
☐ Other Information \_\_\_\_\_
4. ☐ Family Member's Name \_\_\_\_\_  
☐ Address \_\_\_\_\_  
☐ Birth date \_\_\_\_\_  
☐ SS No. \_\_\_\_\_  
☐ Other Information \_\_\_\_\_

☐ **OTHER INFORMATION CHANGES:** *Describe other requested changes.*

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*Updated August 2008*